TOWN OF CARVER FY 23 BENEFITS / DEDUCTION AMOUNTS

Health Insurance - BCBS				
PLAN TYPE	EMPLOYER / EMPLOYEE SPLIT	Monthly Premium	Employee Monthly Premium	Bi-Weekly Deductions (24)
50/50 Spl	its are for Town emp	loyees HIREI	O AFTER 7/1	I/16 *excludes c
Network	Blue w/ dental			
IND	75 / 25	908.25	227.06	113.53
IND	50 / 50	908.25	454.12	227.06
FAMILY	50 / 50	2,456.07	1,228.04	614.02
FAMILY	75 / 25	2,456.07	614.02	307.01
Network	Blue no dental			
IND	75 / 25	885.09	221.26	110.63
IND	50 / 50	885.09	442.54	221.27
FAMILY	50 / 50	2,393.41	1,196.70	598.35
FAMILY	75 / 25	2,393.41	598.34	299.17
Blue Care	e Elect PPO			
IND	75 / 25	1,146.03	286.50	143.25
IND	50 / 50	1,146.03	573.02	286.51
FAMILY	50 / 50	2,769.92	1,384.96	692.48
FAMILY	75 / 25	2,769.92	692.48	346.24
	0 Vision - 100% EN	IPLOYEE PA		T
INDIVIDUA			7.40	7.40
IND & SPC			12.58	12.58
IND w/ CH	ILDKEN		12.95	12.95
FAMILY			20.36	20.36
Altus Dei	ntal - 100% EMPLO	YEE PAID		
INDIVIDUAL			40.50	20.25
FAMILY			118.58	59.29